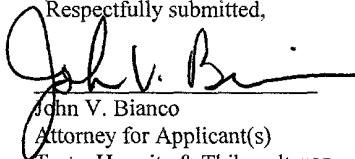


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0.5 PTO

12-18-01

Express Mail Mailing Label No. EV012824058US A

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. BSC-219
		First Named Inventor Gellman
		Title Dilation Catheter Assembly and Related Methods

APPLICATION ELEMENTS		ADDRESS TO: Box Patent Application Commissioner for Patents Washington, D.C. 20231 <i>ce25 U.S. PTO 12/14/01</i>
1. <input checked="" type="checkbox"/> Fee Transmittal Form 2. <input type="checkbox"/> Small Entity Status <input type="checkbox"/> Applicant claims small entity status <input type="checkbox"/> Status established in prior application and is still proper and desired 3. <input checked="" type="checkbox"/> Specification and Drawings [Total Pages 41] - Written Description - (23 pages) - Claims - (9 pages) - Abstract - (1 page) - Sheets of Drawings - (8 sheets) <input checked="" type="checkbox"/> Formal <input type="checkbox"/> Informal		ACCOMPANYING APPLICATION PARTS 8. <input type="checkbox"/> 37 CFR 3.73(b) Statement (<i>when there is an assignee</i>) <input type="checkbox"/> Power of Attorney 9. <input type="checkbox"/> English Translation Document (<i>if applicable</i>) 10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> Drawings [Total Sheets]
4. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages 3] a. <input checked="" type="checkbox"/> Newly executed (original) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> <i>[Note Box 5 below]</i>		12. <input checked="" type="checkbox"/> Return Receipt Postcard (<i>specifically itemized</i>)
5. <input type="checkbox"/> Incorporation by Reference (usable if Box 4b is checked) The entire Disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		13. <input type="checkbox"/> Certified Copy of Priority Document(s) (<i>if foreign priority claimed</i>)
		14. <input type="checkbox"/> Nonpublication Request Under 35 U.S.C. 122(b)
6. <input checked="" type="checkbox"/> Application Data Sheet 7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <input type="checkbox"/> Computer Readable Form (CRF) <input type="checkbox"/> Paper Copy (identical to computer copy) <input type="checkbox"/> CD (2 copies) (identical to computer copy) <input type="checkbox"/> Statement verifying identity of above copies		15. <input type="checkbox"/> CD in duplicate for large table or computer program 16. <input type="checkbox"/> Other:
17. <input type="checkbox"/> If a CONTINUING APPLICATION: Amend the specification by inserting on page 1, before the first line, the sentence: --This is a <input type="checkbox"/> continuation <input type="checkbox"/> divisional <input type="checkbox"/> continuation-in-part of prior application Serial No. / , filed on , , the entire disclosure of which is incorporated by reference herein.-- Priority to the above application(s) is claimed under 35 U.S.C. 120. Prior application information: Examiner: _____ Group/Art Unit: _____		
18. <input type="checkbox"/> Priority - 35 U.S.C. 119 <input type="checkbox"/> Priority of application Serial No. _____ filed on _____ in _____ is claimed under 35 U.S.C. 119. <input type="checkbox"/> The certified copy has been filed in prior U.S. application Serial No. _____ / _____ on _____. <input type="checkbox"/> The certified copy will follow.		SIGNATURE BLOCK
CORRESPONDENCE ADDRESS		Respectfully submitted,  John V. Bianco Attorney for Applicant(s) Testa, Hurwitz & Thibeault, LLP High Street Tower 125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100 Customer No. 021323

FEE TRANSMITTAL
FY 2002

Complete if Known	
Application Serial Number	Not yet assigned
Filing Date	Herewith
First Named Inventor	Gellman
Group Art Unit	Not yet assigned
Examiner Name	Not yet assigned
Attorney Docket No.	BSC-219

METHOD OF PAYMENT

1. Payment Enclosed:
 - Check Money Order Other
2. The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.
 - Required Fees (copy of this sheet enclosed).
 - Additional fee required under 37 CFR 1.16 and 1.17.
 - Overpayment Credit.
3. Applicant claims small entity status.

FEE CALCULATION**1. FILING FEE****Large Entity**

Fee (\$)	Fee Description	Fee Paid
740	Utility filing fee	740.00
330	Design filing fee	
160	Provisional filing fee	

	Number Filed	Number Extra	Rate	Amount
Total Claims	52	- 20 = 32	x \$ 18.00 =	576.00
Independent Claims	4	- 3 = 1	x \$ 84.00 =	84.00

 Multiple Dependent Claim(s), if any

\$280.00 =

TOTAL: 1,400.00
SMALL ENTITY DISCOUNT: 0.00
SUBTOTAL (1) (\$ 1,400.00)

2. AMENDMENT CLAIM FEES

Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid
Total	-	=	x \$ 18.00 =	
Indep.	-	=	x \$ 84.00 =	
<input type="checkbox"/> First Presentation of Multiple Dep. Claim			+ \$280.00 =	

TOTAL: (\$)
SMALL ENTITY DISCOUNT: (\$)
SUBTOTAL (2) (\$0)

SUBTOTAL (3) (\$ 0)

SUBTOTAL (1) 1,400.00
SUBTOTAL (2) 0
SUBTOTAL (3) 0

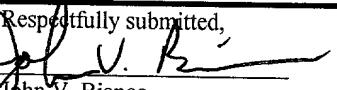
TOTAL (\$ 1,400.00)

CORRESPONDENCE ADDRESS

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Respectfully submitted,


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